FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

| 14148 | 169 |
|-------------------|-------------|
| OMB APPR | OVAL |
| OMB Number: | 3235-0076 |
| | թի 30, 2008 |
| Estimated average | e¦burden |
| hours per respons | se 16.00 |

| SEC US | E ONLY |
|---------|--------|
| Prefix | Serial |
| DATE RE | CEIVED |

| Name of Offering (check if this is an amendment and name has changed, and indicate changed | gc.) | |
|---|---|--------------------------|
| Class A Unit Private Placement | | |
| Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ Section 4(| 6) ULOE RECEIVED | |
| Type of Filing: ☐ New Filing ☐ Amendment | | <u> </u> |
| A. BASIC IDENTIFICATION DATA | 307 00 2007 | <u> </u> |
| 1. Enter the information requested about the issuer | पटा छम् तमा | <u> </u> |
| Name of Issuer (check if this is an amendment and name has changed, and indicate change.) | | |
| Empire State Ethanol & Energy, LLC | | |
| Address of Executive Offices (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code) | |
| 192 Main Street, Cooperstown, New York 13326 | (516) 510-5823 | |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) | Telephone Number (Including Area Code) | |
| Brief Description of Business Develop, construct and operate an ethanol production plant. | | |
| Type of Business Organization | | |
| | r (please specify): limited liability compa | ny |
| □ business trust □ limited partnership, to be formed | | _ |
| Month Year | PRO | CESSE |
| | ctual 🗆 Estimated 😓 | |
| Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for | State: UCT | 1 2 2007 |
| CN for Canada; FN for other foreign jurisdiction | on) NY Tuc | MADO: |
| GENERAL INSTRUCTIONS | FIN | ANCIAL |
| Federal: | | MONE |
| Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation 77d(6). | n D or Section 4(6), 17 CFR 230.501 et seq. d | 15 U.S.C. |
| When To File: A notice must be filed no later than 15 days after the first sale of securities in the offer and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address give which it is due, on the date it was mailed by United States registered or certified mail to that address. | | |
| Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 2054 | 19. | |
| Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be mar photocopies of the manually signed copy or bear typed or printed signatures. | nually signed. Any copies not manually sign | ed must be |
| Information Required: A new filing must contain all information requested. Amendments need only thereto, the information requested in Part C, and any material changes from the information previously store to filed with the SEC. | | |
| Filing Fee: There is no federal filing fee. | | |
| State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with are to be, or have been made. If a state requires the payment of a fee as a precondition to the clair accompany this form. This notice shall be filed in the appropriate states in accordance with state this notice and must be completed. | the Securities Administrator in each state warm for the exemption, a fee in the proper an | here sales ount shall |
| ATTENTION | | |
| Failure to file notice in the apprepriate states will not result in a less of the fed | lerai exemutica. Cenverselv, failure) | to file the i |

appropriate federal netice will not result in a loss of an available state exemption unless such exemption is predicated on the

filing of a federal notice.

| | | A. BASIC IDEN | TIFICATION DATA | | |
|--|----------------------|---------------------------------|---------------------------------------|--------------------|--|
| Enter the information req Each promoter of the | | | | | |
| Each beneficial owner | r having the power | to vote or dispose, or direct t | he vote or disposition of, 10° | | ss of equity securities of the issuer; |
| Each executive office | r and director of co | rporate issuers and of corpora | ate general and managing par | tners of partnersh | ip issuers; and |
| Each general and man | aging partner of pa | rtnership issuers. | | | |
| Check Box(es) that Apply: | ☑ Promoter | Beneficial Owner | ☑ Executive Officer | ☑ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if Von Zwehl, Christopher | individual) | | | | |
| Business or Residence Address 192 Main Street, Cooperstow | | eet, City, State, Zip Code) | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if | individual) | | | | |
| Business or Residence Address | s (Number and Str | reet, City, State, Zip Code) | · · · · · · · · · · · · · · · · · · · | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | General and/or Managing Partner |
| Full Name (Last name first, if | individual) | | | | |
| Business or Residence Address | s (Number and Str | reet, City, State, Zip Code) | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | General and/or Managing Partner |
| Full Name (Last name first, if | individual) | | | | |
| Business or Residence Address | s (Number and St | eet, City, State, Zip Code) | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | General and/or Managing Partner |
| Full Name (Last name first, if | individual) | | | - | |
| Business or Residence Address | s (Number and Str | reet, City, State, Zip Code) | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if | individual) | | de en Parrico vider e di Phe | | |
| Business or Residence Address | s (Number and Str | reet, City, State, Zip Code) | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | General and/or Managing Partner |
| Full Name (Last name first, if | individual) | | | | |
| Business or Residence Address | s (Number and St | reet, City, State, Zip Code) | | | |
| | (Use blar | ık sheet, or copy and use add | itional copies of this sheet, as | s necessary.) | <u> </u> |

| | , , | • | <u>-</u> . | B. ! | INFORMA | TION AB | OUT OFF | ERING | | | | | |
|------------|--|--|--|--|-------------------------------------|--|--|---|----------------------------|---|--------------|--------------|----------------------|
| | | | | | | *** | ••• | - 44: 65 | :o | | | Yes | No |
| 1. | Has the issu | er sold, or d | | | | | | | | ************** | | | Ø |
| | | | | | | | 2, if filing u | | | | | 6 31 | 7 6 000 |
| 2. | What is the | minimum in | vestment th | at will be a | ccepted fro | m any indi | vidual? | | | | | \$ <u>3'</u> | 7 5,000 No |
| 3. | Does the of | fering permi | t joint owne | rship of a s | ingle unit?. | **************** | | | | | | Ø | |
| 4. | Enter the in | nformation | requested for | or each per | rson who h | nas been on | r will be p | aid or give | n, directly | or indirect | ly, any | | |
| | ommission If a person of states, list to a broker or | or similar in or | remunerations an association the broker of t | n for solici ted person o or dealer. | tation of poor agent of If more the | urchasers in a broker or an five (5) | n connectio dealer regi persons to | n with sale stered with be listed a | s of securit the SEC ar | ties in the o id/or with a | ffering. | | |
| Full N | lame (Last na E | me first, if i | ndividual) | | | | • | | | | | | |
| Busin | ess or Reside | nce Address | (Number a | nd Street, C | City, State, | Zip Code) | | | | | | | |
| Name | of Associate | d Broker or | Dealer | | | | | | | | | | |
| Ctotoo | in Which Pe | [istad | Uas Calisita | d on Intend | s to Colisit | Durchasara | | | | | | <u> </u> | |
| | heck "All Sta | | | | | | | | | | | . 🗆 All : | States |
| [AL | | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID | 1 |
| (IL | | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | OM] |] |
| [MT | | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA | • |
| Full N |] [SC] lame (Last na | [SD] ime first, if i | [TN] ndividual) | [TX] | [UT] | [VT] | [VA] | [AW] | [WV] | [WI] | [112] | (PR | , |
| Busin | ess or Reside | nce Address | (Number a | nd Street, (| City, State, | Zip Code) | | | | | | | |
| Name | of Associate | d Broker or | Dealer | | | | | | | | | | |
| States | in Which Pe | rson Listed | Has Solicite | d or Intend | s to Solicit | Purchasers | | | | | | | |
| (Cl | heck "All Sta | tes" or chec | k individual | States) | | •••••• | | ******* | ***************** | | | . 🗆 All | States |
| [AL |] [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID |] |
| [IL | | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | OM] | |
| [MT [RI | | [NV] [SD] | [NH] [TN] | [NJ] [XT] | [MM] [UT] | [NY] [VT] | [NC] [VA] | [ND] [WA] | [OH] [WV] | [OK] [WI] | [OR] [WY] | [PA [PR | |
| | lame (Last na | | | | | · · | | | | | | | |
| Busin | ess or Reside | nce Address | (Number a | nd Street, C | City, State, | Zip Code) | | , | | | | | |
| | | | | | | | | | | · · · · · · · · · · · · · · · · · · · | | | |
| Name | of Associate | d Broker or | Dealer | | | | | | | | | | |
| | in Which Pe | | | | | | | <u>.</u> | | ··· • • • • • • • • • • • • • • • • • • | | | |
| (C | heck "All Sta | ites" or chec | k individual | States) | | | *************************************** | | | | | . 🗆 All | States |
| [AL | | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID | - |
| (IL [MT | | [IA] [NV] | [KS] [NH] | [KY] [NJ] | [LA] [NM] | (ME) (NY) | [MD] [NC] | [MA] [DN] | [MI] [HO] | [MN] [OK] | [MS] | [MO] Aq] | |
| [RI | | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | (PR | |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

| | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PRO | CEEDS | |
|----|---|--------------------------|--------------------------------------|
| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | |
| | Type of Security | Aggregate Offering Price | Amount Already Sold |
| | Debt | \$ | \$ |
| | Equity | \$ 2,250,000 | \$ 375,000 |
| | □ Common □ Preferred | | |
| | Convertible Securities (including warrants) | \$ | \$ |
| | Partnership Interests | \$ | \$ |
| | Other (Specify) | \$ | \$ |
| | Total | \$ 2,250,000 | \$ 375,000 |
| | Answer also in Appendix, Column 3, if filing under ULOE. | , | |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | Number Investors | Aggregate Dollar Amount of Purchases |
| | Accredited Investors | 1 | 375,000 |
| | Non-accredited Investors | 0 | \$ |
| | Total (for filings under Rule 504 only) | | \$ |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | - |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. | T 6 | |
| | Type of Security | Type of Security | Dollar Amount Sold |
| | Rule 505 | N/A | \$ |
| | Regulation A | N/A | \$ |
| | Rule 504 | N/A | \$ |
| | Total | N/A | S |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | |
| | Transfer Agent's Fees | | \$ |
| | Printing and Engraving Costs | | \$ |
| | Legal Fees. | 0 | \$ |
| | Accounting Fees | | \$ |
| | Engineering Fees | | \$ |
| | Sales Commissions (specify finders' fees separately) | | \$ |
| | Other Expenses (identify) | | \$ |
| | Total | ⊠ | \$ 30,000 |

| | C. OFFERING PRICE, N | UMBER OF INVESTORS, EXPENSES AND US | E OF P | ROCEEDS | | |
|-------|--|---|---------------|--|-------------|--------------------|
| | b. Enter the difference between the aggregate off and total expenses furnished in response to Part C proceeds to the issuer." | - Question 4.a. This difference is the "adjusted | gross | | s | 2,220,000 |
| | Indicate below the amount of the adjusted gross peach of the purposes shown. If the amount for check the box to the left of the estimate. The total proceeds to the issuer set forth in response to Part C | any purpose is not known, furnish an estimated of the payments listed must equal the adjusted | te and | | | |
| | proceeds to the issuer set total in response to that | Question in the control | | Payments to Officers, Directors, & Affiliates | | Payments To Others |
| | Salaries and fees | | ⊠ \$ | 132,000 | ⊠\$ | 589,000 |
| | Purchase of real estate | | □ \$ _ | | □ s | , - |
| | Purchase, rental or leasing and installation of ma and equipment | | П\$ | | □ \$ | |
| | Construction or leasing of plant buildings and fac | | | - | ⊠\$ | 923,200 |
| | Acquisition of other businesses (including the va offering that may be used in exchange for the ass issuer pursuant to a merger) | sets or securities of another | _\$ _ | | □ \$ | |
| | Repayment of indebtedness | | □\$ | | | |
| | Working capital | | □\$_ | | ⊠ \$ | 290,000 |
| | Other (specify): Plant development continger | ney | □\$_ | | ⊠ \$ | 265,800 |
| | | | □ \$ | | □ \$ | |
| | Column Totals | | | | ⊠\$ | 2,068,000 |
| | Total Payments Listed (column totals added) | | | ⊠ \$ | 2,20 | 0,000 |
| | | D. FEDERAL SIGNATURE | | | | |
| | | | | | | |
| signa | ssuer has duly caused this notice to be signed by ture constitutes an undertaking by the issuer to formation furnished by the issuer to any non-accre | furnish to the U.S. Securities and Exchange | Commis | | | |
| Issue | r (Print or Type) | Signatura | | Date / | 2 | 1-7 |
| Emp | ire State Ethanol & Energy, LLC | 1 534 60 | | 1 9/ | 50 | 10/ |
| Nam | e of Signer (Print or Type) | Title of Signer (Print or Type) | · · · · · · | <u> </u> | • | |
| | stopher Von Zwehl | Chair | | | | 1 |

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

| | • | | | |
|-------|--|---|---------------------|-------------------|
| | | E. STATE SIGNATURE | | |
| 1. | | resently subject to any of the disqualification | Yes □ | No ⊠ |
| | | See Appendix, Column 5, for state response. | | |
| 2. | The undersigned issuer hereby undertakes t (17 CFR 239.500) at such times as required | o furnish to any state administrator of any state in which this notice is filed, a noti I by state law. | ce on F | orm D |
| 3. | The undersigned issuer hereby undertaken issuer to offerees. | s to furnish to the state administrators, upon written request, information fun | nished | by the |
| 4. | The undersigned issuer represents that the i Offering Exemption (ULOE) of the state exemption has the burden of establishing the | issuer is familiar with the conditions that must be satisfied to be entitled to the Unin which this notice is filed and understands that the issuer claiming the availant these conditions have been satisfied. | iform L lability | imited of this |
| | ssuer has read this notification and knows the authorized person. | contents to be true and has duly caused this notice to be signed on its behalf by the | ne under | rsigned |
| | r (Print or Type) | Signature Date 9/30/ | 77 | |
| Empi | ire State Ethanol & Energy, LLC | 1130y | 0/ | |
| Name | e of Signer (Print or Type) | Title of Signer (Print or Type) | | |
| Chris | stopher Von Zwehl | Chair | | |

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX 2 3 Disqualification under State ULOE Type of security (if yes, attach Intend to sell and aggregate Type of investor and amount purchased in State explanation of to non-accredited offering price waiver granted) investors in State offered in state (Part E-Item 1) (Part C-Item 2) (Part B-Item 1) (Part C-Item 1) Number of Number of Accredited Non-Accredited Investors Yes No Yes No Class A Units Investors Amount Amount State ΑL ΑK ΑZ AR CA CO CT DE DC FL GA НІ ID IL IN IA KS ΚY LA ME MD MA ΜI MN MS

2 3 4 Disqualification under State ULOE Type of security (if yes, attach and aggregate Intend to sell explanation of waiver granted) (Part E-Item 1) offering price Type of investor and to non-accredited amount purchased in State offered in state investors in State (Part C-Item 2) (Part C-Item 1) (Part B-Item 1) Number of Number of Accredited Non-Accredited Investors Investors Amount Yes No Class A Units Yes No Amount State MO MT NE NVNH NJ NM Х \$375,000 0 X \$2,250,000 1 NY NC ND OH OK OR PA RI SC SD TN ΤX UT VT VA WA WV WI

APPENDIX

| • | • | | | APP | ENDIX | | | | |
|-------|----------|--|--------------------------------|--|--------|--|--|--|---------|
| 1 | to non-a | 2 3 Type of security and aggregate offering price investors in State offered in state | | Type of investor and amount purchased in State (Part C-Item 2) | | | under Sta (if yes explan waiver | 5 lification ate ULOE s, attach nation of granted) t-Item 1) | |
| State | Yes | No | (Part C-Item 1) Class A Units | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No |
| WY | | | <u> </u> | | | | | | |
| PR | | | | l | | | | | <u></u> |

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